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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 JAN 26 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086129

1. Entity Name
FIRST CITRUS BANK

Principal Place of Business	Mailing Address
13850 SHELDON ROAD TAMPA, FL 33626	13850 SHELDON ROAD TAMPA, FL 33626

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10824 N. DALE MABRY HWY	10824 N. DALE MABRY HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 59-3528089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN T. LINTON 10824 N. DALE MABRY HWY TAMPA, FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOHN T. LINTON EVP/CFO 1/4/07
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O LINTON, JOHN T 10824 N. DALE MABRY HWY TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C. RUSSELL ADAMS 2502 LAND O' LAKES BLVD LAND O' LAKES [redacted], FL 34639	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELLER, JACK J 2560 GULF TO BAY BLVD. STE 300 CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD JOHN M. BARRETT 10824 N. DALE MABRY HWY TAMPA, FL 33618	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATTON, JAMES G 5147 CLIFTON STREET TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY J. BINDER 1010 AMERICAN EAGLE BLVD SUN CITY, FL 33573	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, ANDREW W 4312 CARROLWOOD VILLAGE DR TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODNEY HORTON 2557 [redacted] LAKESIDE CT. PALM HARBOR FL 34684	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADCOCK, MICHAEL 107 E FOWLER AVE TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE FRIEMAN 4930 SANDPIPER LANE ST. PETERSBURG, FL 33711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARREY, JEFFREY A [redacted] TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFERY A. DARREY 1 NORTH DALE MABRY, SUITE 1000 TAMPA FL 33609	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. LINTON EVP/CFO 1/4/07 (813) 792-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

600000792

#P98000086129

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Change	☑ Addition
NAME	GERALD KOLAR		
STREET ADDRESS	1313 W. FLETCHER AVE		
CITY-ST-ZIP	TAMPA, FL 33612		
TITLE	D	☐ Change	☑ Addition
NAME	DONALD PLEASANTS		
STREET ADDRESS	5222 S. CRESCENT DR.		
CITY-ST-ZIP	TAMPA, FL 33611		
TITLE	D	☐ Change	☑ Addition
NAME	SCOTT SHIMBERG		
STREET ADDRESS	611 BAY STREET		
CITY-ST-ZIP	TAMPA, FL 33606		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
ny signature shall have the same legal effect as if made under oath; that I am an officer or director
as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OR DIRECTOR Date Daytime Phone #